

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17437

JUN 2 1943
Registration District No. 241

Primary Registration District No. 4000-3132

Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. James
(c) Name of hospital or institution Halls, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: 9 years (Specify whether years, months or days)
In this community 9 years

3. (a) PRINT FULL NAME Archie Trudel

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frances 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased July 21, 1893
(Month) (Day) (Year)

8. AGE: Years 49 Months 5 Days 27 If less than one day hr. min.

9. Birthplace Canada (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Joseph Trudel

13. Birthplace Canada (City, town, or county) (State or foreign country)

14. Maiden name Delphine Adams

15. Birthplace Canada (City, town, or county) (State or foreign country)

16. (a) Informant Frances Trudel (Wife)

(b) Address Rt. # 1, Halls, Missouri

17. (a) Burial (b) Date thereof 1/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Oliver Cemetery

18. (a) Signature of funeral director John E. Smith
(b) Address 6054 Pryor Ave., City

19. (a) 1-20-43 (b) Archie Trudel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. James Halls
(If outside city or town limits, write "RURAL.")
(d) Street No. R.F.D. #1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January Day 17th
year 1943 hour 2 minute noon

21. I hereby certify that I examined the deceased from on Jan. 18th, 1943 to Jan. 19th, 1943
that I last saw him alive on Jan. 19th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 day
Due to General Arteriosclerosis Duration 1 year
Due to 94

Other conditions Man died suddenly while doing some chores around his home
(Include pregnancy within 3 months of death)

Major findings: Of operation Following an attack of suppurative tonsillitis for one week. Underline the cause to which death should be charged anatomically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature H. F. Munday (M. D. or other) Coroner
Address 404 So 3d Date signed 1/18/43

(Greened Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.